

2616

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
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U.S. PATENT AND TRADEMARK OFFICE
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Total Number of Pages in This Submission

3

Application Number	09/939,454
Filing Date	08/24/2001
First Named Inventor	Kai-Yeung Siu
Art Unit	2616
Examiner Name	Nguyen, PhuongChau
Attorney Docket Number	RAZA-01001

ENCLOSURES (Check all that apply)

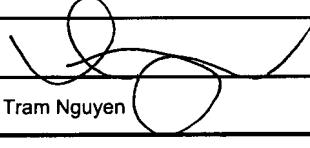
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stevens Law Group		
Signature			
Printed name	David R. Stevens		
Date	OCT 09 2007	Reg. No.	38,626

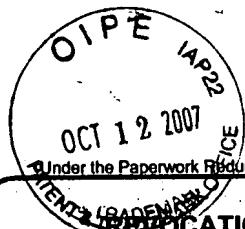
CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Tram Nguyen	Date	OCT 09 2007

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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

Application Number	09/939,454
Filing Date	08/24/2001
First Named Inventor	Kai-Yeung Siu
Art Unit	2616
Examiner Name	Nguyen, Phuong Chau Ba
Attorney Docket Number	RAZA-01001

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

71485

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

71485

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>L. William Caraccio</i>		
Name	L. William Caraccio, V.P. & General Counsel for Raza Microelectronics, Inc.		
Date	8/27/07	Telephone	(408) 434-5510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

***Total of** _____ **forms are submitted.**

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